

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC Requestor's Name and Address Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77503	Response Timely Filed? (x) Yes () No MDR Tracking No.: M4-03-8491-01 TWCC No.: Injured Employee's Name: Date of Injury: Employer's Name: Masthead Industries, Inc. Insurance Carrier's No.: 6636160A025470
Respondent's Name and Address TPCIGA for Legion Insurance Co. Box 50	

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
05/15/02	05/28/02	Inpatient Hospitalization	\$39,539.17	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

Position Summary states in part, "...TWCC Rule 134.401 provides the rules regarding reimbursement for Acute Care In-patient Hospital Fee services. Specifically, reimbursement consists of 75% of remaining charges for the entire admission, after a Carrier audits a bill... This figure is presumptively considered to be 'fair and reasonable' in accordance with the preamble of TWCC Rule 134... Further, the TWCC stated that the stop-loss threshold increases hospital reimbursement and will ensure fair and reasonable rates for hospitals and ensure access to quality health care for injured workers..."

PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary states in part, "...Of the \$102,971.56 billed by Vista for dates of service 05/15/2002-05/28/2002, \$21,807.06 was for supply/implants billed under revenue code 278. Taking the billed charges of \$102,971.56 and subtracting \$43,084.33 for the usual and customary reductions and \$21,807.06 for the implants charges left total charges of \$38,080.17... Vista's invoices for implants established its cost for the implants billed under revenue code 278. Based on these invoices, the implants for which Vista charged TPCIGA \$21,807.06 actually cost Vista only \$8115.00, resulting in a grossly excessive mark-up of almost 270%... TPCIGA audited Vista's grossly inflated implants charges by reducing the charges to cost plus 50%... The total audited charges were then multiplied by 75% to yield the reimbursement of \$37,689.50... Carrier paid Vista this amount..."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the documentation provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was 13 days (consisting of 13 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$14,534.00 (13 times \$1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows: The Requestor did not submit implant invoices; however, the Respondent submitted one invoice as follows:

DePuy Acromed Sales Invoice	\$8,115.00 x 10% = \$ 8,926.50
LOS	\$1,118.00 x 13 = <u>\$14,534.00</u>
Total Implants + LOS	\$23,460.50

The Requestor billed \$102,971.56 and received reimbursement(s) totaling \$37,689.50. Considering the reimbursement amount

calculated in accordance with the provisions of rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings and Decision by:

Authorized Signature

Marguerite Foster

Typed Name

March 21, 2005

Date of Decision

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____